OBJECTIVES: Through advances in molecular biology, new treatment options for patients with metastatic renal cell carcinoma (RCC) have become available. Although the efficacy of these new treatments has been demonstrated in large randomised controlled trials, their effectiveness in daily practice is currently unknown. The aim of this study was to evaluate the use of new treatment options for patients with metastatic RCC in Dutch daily practice. **METHODS:** A population-based registry has been created to collect data about patients diagnosed with metastatic RCC in 2008, 2009 and 2010. This registry contains data on patient and tumour characteristics, treatment details (e.g., dosing) and response to treatment. All patients living within the regions of four Dutch Cancer Registries are being included in this study. Together these registries cover 55% of The Netherlands. **RESULTS:** Forty-three patients, all diagnosed with metastatic RCC in 2008, are currently included in our registry. Of these, 47% received systemic therapy (mostly sunitinib), while all others received surgery or palliative care. Patients treated with sunitinib in Dutch daily practice were five years older and had a worse ECOG performance status than patients treated with sunitinib in the pivotal phase 3 trial. While the mean daily dose seen in Dutch daily practice in the first cycle was comparable to the recommended dose (50 mg), the mean daily dose in the second cycle was lower, i.e. 44 mg. **CONCLUSIONS:** The number of Dutch patients with metastatic RCC treated with systemic therapy will increase because of new treatments available since 2008. This study suggests that patients treated with systemic therapy in daily practice have a different profile and receive different dose schedules than patients treated in the pivotal trial. Consequently, the effectiveness of the new treatment options in Dutch daily practice may also differ from what was seen in the trial.

PCN184

TRENDS IN CHEMOTHERAPY AND BIOLOGIC TREATMENT OF US COLORECTAL CANCER PATIENTS

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OBJECTIVES: To examine trends in chemotherapy and biologic regimens used in 1st, 2nd and 3rd line treatment of patients with colorectal cancer (CRC) in the US. **METHODS:** Adult patients newly diagnosed with CRC from January 1, 2005- December 31, 2009 were selected from the Thomson Reuters MarketScan® Commercial and Medicare Supplemental insurance claims databases. Patients were required to have at least one cycle of chemotherapy and were followed from the administration of the first dose until the end of continuous insurance coverage or December 31, 2009, whichever came first. Evolution of first-, second-, and third-line treatments from 2005 to 2009 is described. **RESULTS:** A total of 13,670 patients met the study criteria. All had data on first-line treatment, 4,442 on second line, and 1,610 on third line. The most common first-line regimens were 5-fluorouracil (5-FU), 5-FU and leucovorin (5-FU/LV), 5-FU/LV plus oxaliplatin (FOLFOX), and capecitabine. Between 2005-2009, first-line use of FOLFOX increased from 25% to 35%, while use of 5-FU/LV decreased from 18% to 7%. Second-line regimens were more diverse with the most prevalent regimens being FOLFOX alone, FOLFOX plus bevacizumab, 5-FU/LV, and 5-FU/LV plus irinotecan (FOLFIRI) plus bevacizumab. Use of 5-FU/LV as second-line treatment decreased from 12% in 2005 to 4% in 2009 as patients received more diverse treatments. Between 2005-2009, third-line standard of care moved toward biologic-containing regimens including FOLFIRI plus bevacizumab and irinotecan plus cetuximab. Use of biologic regimens increased with each therapy line and over time with 73% of third-line regimens in 2009 containing at least one biologic compared with 57% in 2005. **CONCLUSIONS:** Over time the standard of care chemotherapy for first-line CRC therapy has shifted away from 5-FU/LV to FOLFOX, second line from 5FU/LV to more diverse treatments, and third line therapy toward biologic containing regimens. Use of biologic regimens increased with subsequent therapy line and over time.

PCN185

A MULTI-COUNTRY RETROSPECTIVE STUDY OF PATIENT CHARACTERISTICS AND TREATMENT PATTERNS IN CHRONIC MYELOID LEUKEMIA

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OBJECTIVES: To examine patient and disease characteristics and treatment patterns among patients with chronic myeloid leukemia (CML) in multiple countries. **METHODS:** Oncologists and hematologists in the United States (US), UK (UK), Germany, and Japan abstracted medical charts of adult patients with CML between January 1, 2005 and December 31, 2009. Patients were in chronic phase at diagnosis, either Ph or BCR-ABL positive, had received first line treatment with imatinib, and had not participated in a randomized clinical trial for CML. A subset of patients received 2nd-line therapy with nilotinib or dasatinib. **RESULTS:** A total of 214 physicians provided data on 1,063 patients (range 220 – 300 per country). Patients were 55 years of age on average and 60% were male. Nearly 67% of patients did not have any comorbidity, although when present, diabetes was most common in all countries (5% in Japan to 18% in Germany). Patients initiated imatinib within 3 months after diagnosis, and received therapy for 22 months on average (19 months [US] to 25 months [Japan]), at a median daily dose of 400mg in all countries. Approximately 13% of patients (8% in Japan to 16% in UK) had a dose escalation to a median dose of 800mg. 29% of patients discontinued imatinib, primarily due to resistance to therapy or disease progression. 2nd-line treatment patterns were studied among 261 patients (148 dasatinib, 113 nilotinib). Patients in the US and Germany had more nilotinib use (54%) while only 17% of UK patients used nilotinib. Patients initiated 2nd-line therapy 25 months after initial diagnosis, and received treatment for 11 months (dasatinib) or 7 months (nilotinib). More patients initiating dasatinib had advanced disease (25% accelerated, 4% blast phase) compared to nilotinib (25% accelerated, <1% blast phase). **CONCLUSIONS:** Patient characteristics and treatment patterns in CML vary by country.

PCN186

AN EPIDEMIOLOGICAL EVALUATION OF CHEMOTHERAPY USED IN THE TREATMENT OF METASTATIC PROSTATE CANCER

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OBJECTIVES: This retrospective study aimed at collecting real-life data regarding chemotherapeutical treatments administered for metastatic prostate cancer in Belgium. **METHODS:** From the Hospital Disease Database (year 2008), which includes data on full hospitalizations and day clinic for 34.3% of Belgian hospital beds, stays of patients with metastatic prostate cancer were selected based on the combination of ICD-9-CM codes for prostate cancer (185) and metastasis (196-197-198-199). Chemotherapy sessions were identified using the ICD-9-CM code V58.1. Identification of chemotherapeutical regimens was based on drug names. In addition, grade III/IV haematologic toxicities were identified using ICD-9-CM codes. **RESULTS:** Among the 1171 patients identified with metastatic prostate cancer in 2008, 387 (≈ 33%) were administered chemotherapy. The total number of chemotherapies administered was 521; 272 patients (70.3%) received only one regimen, 97 (25.1%) received two different regimens, 17 (4.4%) and 1 (0.3%) patient received respectively three and 4 regimens during the year. For 38.7% of chemotherapies, the regimen could not be identified. These may represent chemotherapies administered in clinical trial or compassionate use setting. 201 (51.9%) of chemotherapy patients received at least one docetaxel-containing regimen. 194 (50.1%) received docetaxel monotherapy and 10 (2.6%) received docetaxel in combination with another chemotherapeutical agent. The second most commonly identified regimen was mitoxantrone monotherapy, administered to 39 patients (10.1%): 22 of them had received prior docetaxel within the same calendar year. The average number of cycles was 5.83 for docetaxel and 3.27 for mitoxantrone. Other chemotherapy regimens included carboplatin-, fluorouracil- and cisplatin-containing regimens (respectively 4.9%, 3.9% and 2.6% of patients). Among the patients treated with chemotherapy, 21 (5.4%) developed (febrile) neutropenia, 90 (23.3%) had anemia and 37 (9.6%) had thrombocytopenia. **CONCLUSIONS:** This study shows that real-life practice is in line with the European guidelines, recommending docetaxel as first option for chemotherapy in metastatic prostate cancer.

PCN187

TREATMENT PATTERNS IN PATIENTS WITH METASTATIC MELANOMA

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OBJECTIVES: To describe treatment patterns in patients with metastatic melanoma (MM) in the US. **METHODS:** Using a large US medical claims database, patients were identified between 2005 and 2010 using ≥2melanoma diagnoses (ICD-9-CM: 172.xx, V10.82) and ≥2 diagnoses for metastasis (ICD-9-CM: 197.xx, 198.xx). The index date was the first date of metastasis diagnosis. Patients who had other primary malignant tumors prior to the melanoma diagnosis, were younger than 18 years old at the index, or had a pre-index period of less than 6 months, were excluded from the analysis. Patients were followed from the index date to death, disenrollment, or end of the study period (June 30, 2010), whichever occurred first. Drug, surgery, and radiation therapy were examined descriptively. The trend of treatment patterns over the years was also examined. **RESULTS:** A total of 2546 MM patients who met the study inclusion and exclusion criteria were included in the analyses. Mean (± standard deviation) age was 60.6 (± 14.0) years old and 36.5% were female. Mean length of follow-up observation period was 322 days. The most common site of metastasis at the index date was lung (21.2%), brain and spinal cord (18.7%), distant area of the skin (11.4%), bone (11.2%), and liver (10.0%). Overall, 56.8% of patients received cancer-related surgery, 38.7% received drug treatment, and 44.7% received radiation therapy after MM diagnosis. Among patients who received drug treatment, 48.7% received temozolomide, 22.3% paclitaxel, 19.4% carboplatin, 17.6% interleukin-2 (IL-2), 17.2% dacarbazine (DTIC), 14.4% interferon alfa-2b (IFN), 9.9% cisplatin, 6.3% vinblastine, 4.7% granulocyte-macrophage colony-stimulating factor (GM-CSF), 4.5% docetaxel, 2.0% carmustine, and 0.2% bacillus calmette-guerin (BCG). **CONCLUSIONS:** Approximately 39% of MM patients were treated with chemotherapy or immunotherapy and this pattern remained similar during the last decade, which suggests an unmet need for patients with advanced melanoma.

PCN188

DID DECISION-MAKING MODELS FROM NATIONAL GUIDELINES CHANGE 1ST LINE TREATMENT STRATEGY FOR PATIENTS WITH METASTATIC COLORECTAL CANCER (MCRC)? THE RESULTS OF LARGE POPULATION BASED SURVEY IN GERMANY 2009

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OBJECTIVES: The survey was initiated to gain insights into the implementation of decision-making tools in national guidelines in treatment patterns of mCRC in daily practice. The tools define treatment intensity for subgroups of patients by clinical characteristics and anticipated treatment aims. **METHODS:** Physicians in representative sample of centres (69) reported all pts. with treatment decision in October-December 2009. The database contains 1019 pts. with retrospective record of treatment history. Treatment decisions were analysed in 3 predefined subgroups according to a model based on the German guidelines. Statistics were performed in